1632 #
Atty. Dkt. No. 035879/0116

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: **Thomas E. WAGNER, et al.**Title: **Hybrid Cells**Appl. No.: **09/756,293**Filing Date: **January 9, 2001**Examiner: **Q. Lian**Art Unit: **1632****RECEIVED**

OCT 28 2002

TECH CENTER 1600/2900

AMENDMENT TRANSMITTALCommissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

- [] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a Small Entity statement previously submitted.
- [] Small Entity statement is enclosed.
- [X] The fee required for additional claims is calculated below:

	Claims as Amended		Previously Paid For	=	Extra Claims Present		Rate	=	Additional Claims Fee
Total Claims:	30	<input type="checkbox"/>	28	=	2	x	\$18.00	=	\$36.00
Independents:	10	<input type="checkbox"/>	10	=	0	x	\$84.00	=	\$0.00
First presentation of any Multiple Dependent Claims:						+	\$280.00	=	\$0.00
CLAIMS FEE TOTAL:									= \$36.00

- [X] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/>	Extension for response filed within the first month:	\$110.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$400.00	\$0.00
<input checked="" type="checkbox"/>	Extension for response filed within the third month:	\$920.00	\$920.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,440.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$1,960.00	\$0.00
EXTENSION FEE TOTAL:			\$920.00
CLAIMS AND EXTENSION FEE TOTAL:			\$956.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):		\$0.00
TOTAL FEE:			\$956.00

- ☐ Please charge Deposit Account No. 19-0741 in the amount of \$956.00. A duplicate copy of this transmittal is enclosed.
- ☒ A check in the amount of \$956.00 is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

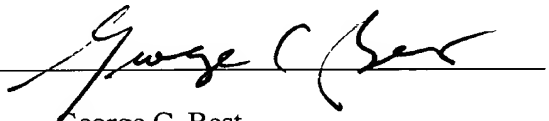
Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date October 24, 2002

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By


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